EXHIBIT 45

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		1 2
Participant's Name:	Josephia Concepció	2) Quivones
Participant's Address:	HC91-BUZON 9488,B	o. Rampanos, Vega all
Participant's Email Address	Josefina Concepción 5158	3 Gmail.com 0069
Name of Counsel:	Ivonne Genzalez Mo	rales
Address of Counsel:	P.O. Box 9021828, S	Jan Juan , P. Roo 902-1
Email Address of Counsel:	ivonnegma Prw. Net	
2. Participant's	Claim number and the nature of Participa	nt's Claim:
Claim Number:	47278	
Nature of Claim:	Salario minino	(Minemen Wage)
By: Josephia Car Signature	espeial Quiras	
Josefina Concepción Quiñones		
Print Name		RECEIVED
Title (if Participant is not an individual)		AUG 1 3 2021
9 - agosto 2021 Date		PRIME CLERK

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case:17-03283-LTS Doc#:17902-45 Filed:08/20/21 Entered:08/20/21 15:48:50 Desc:

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